

Entered - 11/27/00 - sb  
CL - 01L0023 ALEXIS HOLMES

01- *R*-0436

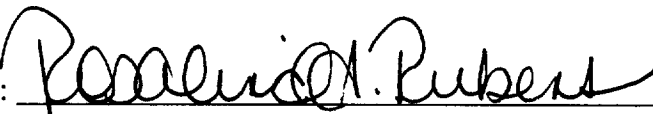
CLAIM OF: **VICTOR CURTIS**  
27 Waddell Street, # B  
Atlanta, Georgia 30307

For damages alleged to have been sustained as a result of a vehicular accident on October 15, 2000 at 659 Auburn Avenue.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

**BE IT RESOLVED** by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **VICTOR CURTIS** the sum of **\$692.18** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of a vehicular accident on October 15, 2000 at 659 Auburn Avenue** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY:   
\_\_\_\_\_  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: NOVEMBER 15, 2000

Dear Municipal Clerk:

ENTERED -

01L0023 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 692.18 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: OCT 15 2000 2. Time of Incident: 1 PM 3. Police called: YES  
(month/day/ year) Yes No

4. Location of incident (including street address): 659 AUBURN AVE

5. Name of your insurance company: ALLSTATE Policy No. 031173781

6. State what and how incident occurred: WHILE EXITING STUDIOPLEX AT 659 AUBURN AVE I CAME TO A STOP SO I COULD TURN RIGHT. WHILE WAITING ATLANTA POLICE CAR #25090 DRIVEN BY TAMESHA MINAFEE DROVE INTO MY FRONT BUMPER CAUSING \$692.18 WORTH OF DAMAGE. PLEASE SEE REPORT #002891052

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: TOYOTA CELICA 89 799XWU VICTOR CURTIS  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: 2000 FORD CROWN VICTORIA TAMESHA MINAFEE A.P.D.  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: ANGELA LIEBEN 659 AUBURN AVE #238 ATLGA 678-592-5538  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

VICTOR CURTIS

(Print Claimant's Name)

27 WADDELL ST #B

(Address)

ATLANTA GA 30307

(City, State and Zip Code)

404-222-9552

(Work Number)

404-222-9552

(Home Number)

01- R-0436

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
68 Mitchell Street, S.W.  
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

JAN 30 2001

TODAY'S DATE: 1-27-01

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$1163.00 property and/or \$ bodily injury for which I contend the City is liable.

ENTERED - 2-9-01 - SB

0110104 - GWEN BURNS

1. Date of incident: 01-17-2001 (month day year) 2. Police called ☒ (yes) ☐ (No)
3. Location of incident: 1720 North Ave NW
4. Name of your insurance company: Allstate Policy # 295739101
5. State what and how incident occurred: My car was Park in Park Spot when the driver came to the shop He was drive too fast and to close and His Truck Hit MY car on the Rear bumper - (use other side if necessary)
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.

Your vehicle: Mercedes 1980 156 CPE Tommie W Jordan  
(make) (year) (tag#) (driver's name)

City vehicle: Chev Michael Harris Grass Cutting  
(make) (driver's name) (department)

8. Witness: Henry A Harris 1130 Apollo Dr, SW 7/699-0977  
(name) (address) (phone) 0977

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

Tommie W Jordan (SEAL)  
(claimant)  
7152 Blue Bird Lane  
(address)  
Lithia Springs GA 30122  
(city) (state) (zip)  
770-7320112 404 853 3244  
(home) (phone) (work)

REV 2/84 JWP

Notary Public

Notary Public, DeKalb County, Georgia  
My Commission Expires December 8, 2004